

September 25, 2019

Los Angeles County Board of Supervisors

TO:

Supervisor Janice Hahn, Chair

Supervisor Hilda L. Solis

Supervisor Mark Ridley-Thomas

Supervisor Sheila Kuehl Supervisor Kathryn Barger

Second District
Sheila Kuehl

Mark Ridley-Thomas

Hilda L. Solis

First District

FROM:

Christina R. Ghalv, M.D.

Director

Janice Hahn Fourth District

Third District

Fifth District

Kathryn Barger SUBJECT:

MOBILE STROKE UNIT FUNDING FOR SOUTH LOS

ANGELES (ITEM NO. 14, AGENDA OF MARCH 12, 2019)

Christina R. Ghaly, M.D. Director

On March 12, 2019, the Board of Supervisors (Board) approved a motion to:

Hal F. Yee, Jr., M.D., Ph.D. Chief Deputy Director, Clinical Affairs

313 N. Figueroa Street, Suite 912 Los Angeles, CA 90012

> Tel: (213) 288-8050 Fax: (213) 481-0503

www.dhs.lacounty.gov

1. Instruct the Director of the Department of Health Services (DHS) to allocate up to \$1,745,000, based on estimated costs, in one time Measure B funding to be used for the UCLA Health Mobile Stroke Unit (MSU), specifically to expand existing services by increasing staffing, and covering the costs for increased supplies and medication to operate on Fridays, Saturdays and Sundays, for 10 hours each day in and around the City of Torrance for a 12-month period, beginning June 1, 2019 through May 31, 2020, and extending operations on the other four days per week (Mondays, Tuesdays, Wednesdays and Thursdays) for an additional fivementh period, beginning January 1, 2020 through May 31, 2020.

 Instruct the Director of DHS to coordinate the MSU hours and area of operations with the appropriate jurisdictional provider agencies needed to expand the MSU area of operations.

- 3. Delegate authority to the Director of DHS to amend the current agreement with the Regents of the University of California on behalf of its Ronald Reagan UCLA Medical Center/UCLA Health (UCLA) to include the funding required for these additional days and hours of operations.
- 4. Instruct the Director of DHS to report back to the Board in writing on the status of the UCLA MSU program within six months. (September 2019).

To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.



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This is to report, as requested in the March 12, 2019 Board Motion, on the UCLA MSU program. Following the approval of the MSU motion on March 12, 2019, the Emergency Medical Services (EMS) Agency identified the areas of the County in and around the City of Torrance and contacted the appropriate fire chiefs and personnel to inform them of the Board's instructions and plan for the MSU. Chief Martin Serna, Torrance Fire Department, was supportive of the idea and ability to utilize the MSU. The City of Torrance has finalized an operational agreement with UCLA Health.

The milestones that were previously identified, including the execution of agreement with the Torrance Fire Department, geofencing the area of initial dispatch with Torrance Fire and Los Angeles County Fire Department (LACo FD), education of paramedics and EMTs, staffing and training have all been successfully completed.

PROGRESS ON CONTRACT FOR MEASURE B FUNDS

An amendment to the MSU agreement was completed and approved by County Counsel at the end of May 2019. This amendment adds the Measure B funding provided to UCLA for the additional days that the MSU will operate, and covers their operational expenses through May 31, 2020. The amendment was mailed to UCLA for their review and signatures in June 2019. The EMS Agency staff met with UCLA on July 18, 2019 to discuss minor revisions to the agreement. The agreement amendment will incorporate the changes based on this discussion and sent to UCLA for signature.

START DATE

The initiation of clinical service of the South Bay geographic site, which includes a 10-to-12-mile radius in and surrounding the City of Torrance, began on September 20, 2019. The MSU will be staged and begin with simultaneous operations with the Torrance Fire Department and Battalions seven and 18 of LACo FD. Further fire department collaborations in this geographic region with the Beach City Fire Department and the Compton Fire Department is underway.

To further inform the Board, Attachment I illustrates current data on patient destination, type of chief complaint and treatment received. If you have any questions, please contact Cathy Chidester, Director of the Emergency Medical Services Agency, at (562) 378-1604.

CRG:dmw

Attachment

c: Chief Executive Office County Counsel Executive Office, Board of Supervisors

ATTACHMENT I

MSU Western & Southern Geographic Site Receiving Hospital Destination Analysis

MSU Western Site

FD Partners:

Santa Monica Fire Department (SMFD) (September 2017-September 2019)
Beverly Hills Fire Department (BHFD) (August 2018-September 2019)
LA County Fire Department – Malibu (LACoFD) (August 2018-September 2019)

 BASE Station contact is made by MSU paramedic firefighter for each transport to obtain directives re: routing & to allow for receiving site pre-notification

EMS Routing Rules:

EMS Routing Policy Prior to January of 2018:

Diagnosis	Hospital Receiving Site SM-UCLA or St. John's Medical Center based on geographic proximity				
Any Vascular or Non-Vascular Diagnosis					
Large Vessel Occlusion (LVO)	RR-UCLA				
Hemorrhage (subdural, epidural, subarachnoid, parenchymal)	RR-UCLA				
	* If stable for transport, patient/family request may be considered				

EMS Routing Policy Following January of 2018:

Diagnosis	Hospital Receiving Site				
Any Vascular or Non-Vascular Diagnosis	SM-UCLA or St. John's Medical Center based on geographic proximity				
Large Vessel Occlusion (LVO)	SM-UCLA or St. John's Medical Center based on geographic proximity				
Hemorrhage (subdural, epidural, subarachnoid, parenchymal)	RR-UCLA				
	* If stable for transport, patient/family request may be considered				

EMS Routing Policy at Current (July 2019) Based on Site Designation Changes:

Diagnosis	Hospital Receiving Site				
Any Vascular or Non-Vascular Diagnosis	SM-UCLA or St. John's Medical Center based on geographic proximity				
Large Vessel Occlusion (LVO)	St. John's Medical Center				
Hemorrhage (subdural, epidural, subarachnoid, parenchymal)	RR-UCLA				
	* If stable for transport, patient/family request may be considered				

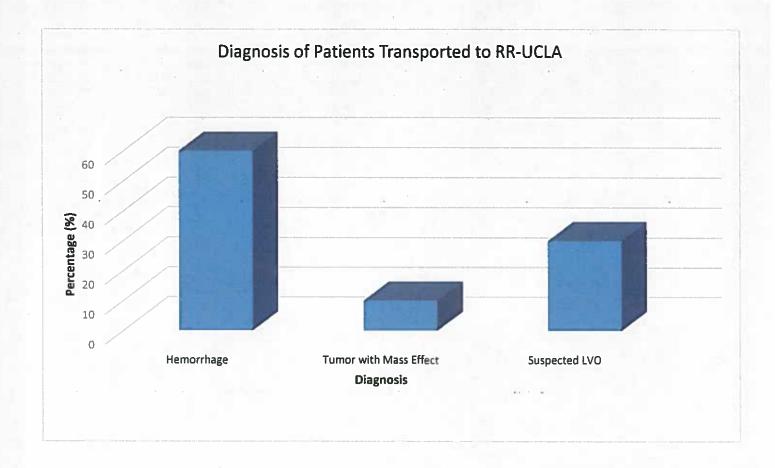
<u>Total Number of Patients Assessed, Diagnosed, Treated as Indicated & Transported in the Western Geographic Site</u> <u>with Destination Hospitals of RR-UCLA, St. John's Medical Center or SM-UCLA:</u>

Hospital Destination	Total Number of Patients Transported			
RR-UCLA	10			
St. John's Medical Center	10			
SM-UCLA	22			

Receiving Hospital Destination- Analysis by Site:

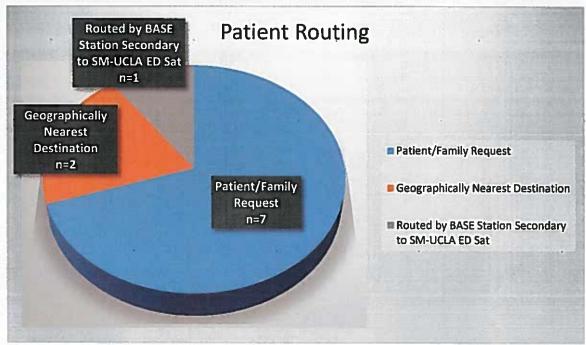
RR-UCLA

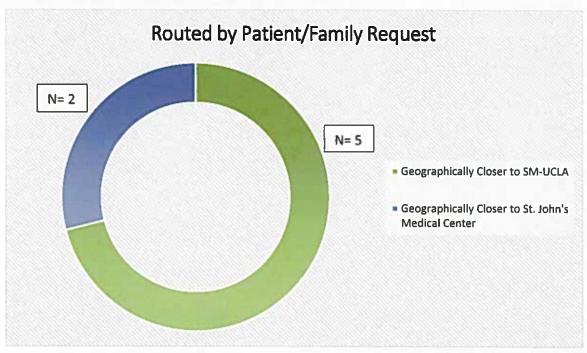
- 1. Hemorrhage: 6/10 (60%)
- 2. Tumor with Mass Effect: 1/10 (10%)
- 3. Suspected LVO: 3/10 (30%)
 - a. Suspected LVO with subsequent diagnostic angiogram at receiving hospital 1/10: (10%)
 - b. Suspected LVO with subsequent thrombectomy at receiving hospital: 0/10 (0%)
 - c. Routed prior to January 2018: 2/3 (67%)
 - i. Including patient who underwent diagnostic angiogram
 - d. Routed following January 2018 as Family request: 1/3 (33%)



St. John's Medical Center

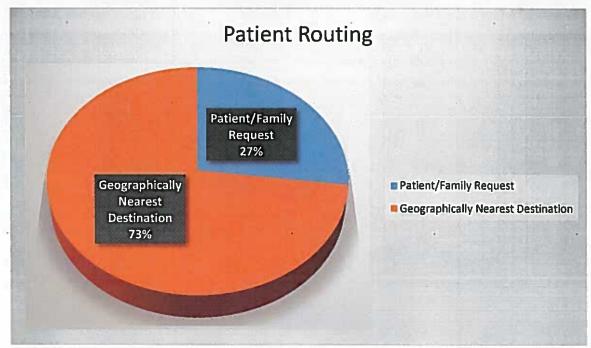
- 1. Patient/Family Request: 7/10 (70%)
 - a. Geographically closer to St. John's Medical Center: 2/7 (29%)
 - b. Geographically closer to SM-UCLA: 5/7 (71%)
- 2. Routed to Geographically Nearest Receiving Site: 2/10 (20%)
- 3. Routed by BASE station directive to St. John's Medical Center & Away from SM-UCLA, in spite of family request, secondary to ED Saturation: 1/10 (10%) *non-vascular diagnosis (substance withdrawal)
- 4. Suspected LVO: 1/10 (10%)
 - a. Suspected LVO with subsequent diagnostic angiogram at receiving hospital 0/10 (0%)
 - b. Suspected LVO with subsequent thrombectomy at receiving hospital 1/10 (10%)

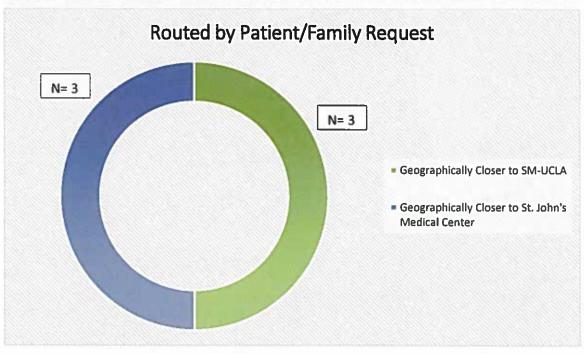




SM-UCLA

- 1. Patient/Family Request: 6/22 (27%)
 - a. Geographically closer to SM-UCLA: 3/6 (50%)
 - b. Geographically closer to St. John's Medical Center: 3/6 (50%)
- 2. Routed to Geographically Nearest Receiving Site: 16/22 (73%)
 - a. 1/22 (4.5%) geographically closer to St. John's Medical Center-- routed to SM-UCLA (1st month of MSU clinical operations-- paramedic impression of SM-UCLA (0.5 miles) as MAR vs. St. John's Medical Center (0.3 miles)—*non-vascular diagnosis (hx of Bell's Palsy, sepsis, STEMI)
- 3. Suspected LVO: 0/22 (0%)
 - a. Suspected LVO with subsequent diagnostic angiogram at receiving hospital 0/22 (0%)
 - b. Suspected LVO with subsequent thrombectomy at receiving hospital 0/22 (0%)





MSU Southern Site

FD Partners:

LA County Fire Department (LACoFD) (January 2017-September 2019) Long Beach Fire Department (LBFD) (July 2019-September 2019)

• BASE Station contact is made by MSU paramedic firefighter for each transport to obtain directives re: routing & to allow for receiving site pre-notification

EMS Routing Policy Following January of 2018:

Diagnosis	Hospital Receiving Site				
Any Vascular or Non-Vascular Diagnosis	Coast Plaza Hospital, Kaiser Downey, Lakewood Regional, Long Beach Memorial, Los Alamitos Medical Center, PIH Whittier, St. Jude's Medical Center, St. Mary's Medical Center				
Large Vessel Occlusion (LVO)	Long Beach Memorial, Los Alamitos Medical Center, PIH Whittier, St. Jude's Medical Center, based on geographic proximity				
Hemorrhage (subdural, epidural, subarachnoid, parenchymal)	Long Beach Memorial, Los Alamitos Medical Center, PIH Whittier, St. Jude's Medical Center, based on geographic proximity				
	* If stable for transport, patient/family request may be considered				

Hospital Destination	Number of pts Transported to facility	Ischemic Stroke/TIA	Hemorrhage	Seizure	Other	TPA ELIGIBLE	TPA ADMINISTERED
Cedar Sinai	1	1				0	0
Coast Plaza	2	2	,			0	0
Kaiser Downey	5	5				0	0
Lakewood Regional	5	2		2	1	1	1
Long Beach Memorial	13	10	1		2	4	2
Los Alamitos	10	7	3			3	1
PIH Whittier	8	7			1	2	2